

# MID-YEAR REPORT: STATE OPIOID RESPONSE (SOR) 2.0 GRANT (YEAR ONE)

SAMHSA REQUIRED INDICATORS AND  
PROJECT STATUS NARRATIVE

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## SAMHSA Required Indicators

**1. *Number of clients who have received treatment services for opioid use disorder***

**Answer: Unique Clients = 2,653 (Funding source switched to SOR 2.0 grant starting on December 16, 2020.)**

***Of those, clients:***

***a. # receiving methadone***

**Answer: 736 (clients seen at county alcohol and drug abuse authority sites and opioid treatment program sites across the state)**

***b. # receiving buprenorphine***

**Answer: 990**

***c. # receiving injectable naltrexone***

**Answer: 1**

**2. *Number of unduplicated clients who have received treatment services for stimulant use disorder***

**Answer: 825 (Funding source was originally SOR 2.0 so start date was grant start on September 30, 2020.)**

**3. *Number of unduplicated clients who have received recovery support services***

**Answer: 5,435**

***Of those, clients:***

***a. # receiving recovery housing services***

**Answer: 951 unique clients were admitted into an Oxford House during this time period.**

***b. # receiving recovery coaching or peer coaching services***

**Answer: 5,435, with 2,128 of those receiving either individual or group peer support services through a county alcohol and drug abuse authority and 3,307 receiving either recovery and/or peer coaching from a recovery community organization**

***c. # receiving employment support services***

**Answer: N/A (DAODAS will begin capturing this data indicator in the second half of the fiscal year.)**

**4. *Number of overdose reversals***

**Answer: 332 (Law Enforcement Officer Naloxone [LEON]) and 154 (Reduce Opioid Loss of Life [ROLL]) for a total of 486 overdose reversal attempts between the two Prescription Drug Overdose: Prevention for States grant-funded programs**

Of the 332 reversals attributed to the LEON program:

- 239 reversals were of males, and 93 were of females.
- The top three counties for LEON-attributed reversals were Greenville (75), Lexington (40), and Horry (32).

Of the 154 reversals attributed to the ROLL program:

- 105 reversals were of males, and 49 were of females.
- The top three counties for ROLL-attributed reversals were Lexington (60), Greenville (24), and Lancaster (13).

## Project Status Narrative: Successes and Barriers

### 5. Describe major accomplishments for each of your approved activities (i.e. treatment, recovery support and prevention). Include outcomes data for each activity.

#### *Prevention and Education*

Prevention and education regarding opioids and stimulants are two focal fields when it comes to addressing the current epidemic. Through SOR funding, DAODAS has been able to fund and resource a number of preventive/educational efforts across the state as shown below. Efforts vary from wide ranging (terrestrial and virtual media campaigns) to more targeted (educating families on opioid use), while empowering local partners to work on targeted prevention efforts in their communities.

#### *“Just Plain Killers” Media Campaign*

**Table 1. Update on South Carolina’s Prevention and Education Media Campaign – “Just Plain Killers”**

Month	Impressions	Engagement	Followers	Link Clicks
October 2020	5,663	218	5,497	7
November 2020	5,663	204	5,492	2
December 2020	7,870	182	5,491	2
January 2021	5,278	2,499	5,467	193
February 2021	5,018	176	5,455	1
March 2021	7,384	215	5,442	13

Table 1 provides an overview of the social media reach that the “Just Plain Killers” prevention and education media campaign had during the first half of SOR 2.0. The second year of the state contract with the Chernoff Newman advertising agency began January 29, 2021. Evaluation of the previous year’s efforts will be conducted this spring, and an additional focus area highlighting recovery is in the planning and developmental stages. This campaign is planned to be launched late spring/early summer. “Just Plain Killers” utilizes three mainstream social media platforms (Facebook, Instagram, and Twitter), with Chernoff

Newman responsible for creating branded, cohesive content to share across the platforms. The key demographics found to be most engaged with each platform are:

- Facebook – The majority (59.6%) of “Just Plain Killers” Facebook fans are females in the 35-54 age range living in Columbia, S.C.
- Twitter – The majority of “Just Plain Killers” Twitter followers are males in the 35-44 age range living in Columbia, S.C.
- Instagram – The majority of “Just Plain Killers” Instagram followers are females in the 25-34 age range living in Columbia, S.C.

Examples of social media posts produced by the Chernoff Newman team that were distributed on Instagram are provided below:



*Accomplishments:*

Due to COVID-19, a free Drive-Through South Carolina State Fair was held October 20-21, 2020, from 10:00 a.m. to 8:00 p.m. each day. DAODAS sponsored an exhibit as part of the event. This “Just Plain Killers” exhibit was one of the first six displays as vehicles drove through the fair. Fair organizers also played a rotating set of prevention and treatment messages over the fairgrounds PA system as visitors drove through. Each display had a QR code that people could connect with to visit [justplainkillers.com](http://justplainkillers.com) for more information. Data showed this brought over 250 new visitors to our website during the two-day event. The pages most visited by those users were the Opioid Data page, Overdose Prevention page, and Drug Safety page.



*DAODAS Exhibit at the Drive-Through  
South Carolina State Fair*

DAODAS and Chernoff Newman developed new resources located on the “Just Plain Killers” website’s toolkit page (<http://justplainkillers.com/toolkit/>) for local organizations to download and utilize to promote safe storage and disposal as well as the availability of Narcan® in an effort to keep messages consistent throughout the year. Media tools have been developed to promote local events, locations, etc., including sample radio scripts, news releases, and graphics for social media posts for the following periods:

- 2021 Valentine’s Day – February 14 (There were 32 clicks from 18 users to download information.)
- 2021 National Take Back Day – April 24
- 2021 National Best Friend Day – June 8
- 2021 Overdose Awareness Day – August 31
- 2021 National Take Back Day – October 23
- 2021 Holiday Season (November/December)

In May, South Carolina will kick off the “Embrace Recovery SC” campaign to combat the stigma surrounding people in recovery by focusing on recovery resources and the importance of connectedness and support for individuals with a substance use disorder. Currently, a commercial titled “Better Days” is in the works, along with a microsite, social media content, ambient materials, and recovery resources. The campaign will be unveiled in collaboration with the Governor’s Office on May 13, 2021.

### *Strengthening Families / Botvin’s Life Skills Evidence-Based Prevention Programs*

Through the SOR grant, DAODAS provides funding to Children’s Trust of South Carolina to work with Dorchester, Fairfield, and Union counties. Children’s Trust, a statewide organization focused on the prevention of child abuse and neglect, provides funding, resources, and training to help local program partners build strong families and positive childhoods.

The Strengthening Families Program (SFP) serves families with children ages 6 to 11 through local partners in settings that include community centers, schools, and churches. SFP is designed to help families develop positive discipline practices, stay resilient during tough times, reduce conflict, improve parenting skills, and assist children with social skills, relationships, and school performance. All of these factors play an important role in keeping families strong while protecting against potential abuse or neglect, substance misuse, and adverse childhood experiences.

During this reporting period, Fairfield County implemented one cycle of SFP (October – December). Although the COVID-19 pandemic moved the program to a virtual format, 27 people were served (14 parents and 13 youth). Fairfield County is currently planning to conduct a second session in the summer. Both Union and Dorchester counties will also be conducting sessions in late spring or early summer.

*Prevention Efforts in Collaboration with Local Sub-Grantees*

The purpose of the Prevention SOR 2.0 grant is to prevent opioid and stimulant misuse and reduce the consequences of opioid and stimulant misuse in South Carolina by supporting the implementation of evidence-based environmental and educational primary prevention strategies.

A total of 22 Prevention SOR 2.0 sub-grants were awarded effective December 1, 2020. As of March 31, 2021, implementation activities and the number of people reached were reported for 17 sub-grantees. Across the five strategy categories, sub-grantees reported that 846,630 people were reached.

The highest number of people were reached by general population strategies, such as permanent prescription drug drop boxes and data tracking and/or visualization software to build capacity for identifying problem areas. Overall, people were reached by the 18 pre-approved specific strategy types listed in Table 2.

**Table 2. Pre-approved Specific Strategy Types**

Specific Strategy Type Implemented	Total Number Reached
Community social events and gatherings that promote drug-free, healthy family and social bonding among community members in safe spaces	4,412
Hosting opioid and stimulant-related “town hall” meetings / community forums	1,964
Data tracking and/or visualization software to build capacity for identifying problem areas related to opioid and stimulant use, and to make solution-focused decisions	138,000
Identifying and mapping hospitals, doctor’s offices, and pharmacies that have permanent prescription drug drop boxes available to the general public	22,347
*Mapping of the number of locations distributing Deterra® bags or similar disposal products	22,347
Scanning/mapping of opioid and/or stimulant drug issues and resources available in the community	307,320

Specific Strategy Type Implemented	Total Number Reached
Botvin Life Skills	5
Opioid and stimulant Drug-Free Workplace education and materials	57
Opioid and stimulant stigma reduction to promote messages that clarify opioid use disorder and other substance use disorders are diseases and not moral failures or weaknesses	77,779
Opioid and stimulant-related educational programs or information-sharing for realtors, hospice programs, individuals caring for elderly family members at home, older adults, adults, college students, teenagers, patients, elementary school students, etc.	108,325
Professional education for healthcare, behavioral health, law enforcement, and education professionals, etc., related to opioids and stimulants, such as Drug Impairment Training for Educational Professionals (DITEP), Advanced Roadside Impaired Driving Enforcement (ARIDE), Drug Recognition Expert (DRE) training, safe prescribing practices, use of SC SCRIPTS, academic detailing, etc.	6
Strengthening Families	11
Prescription drug storage boxes / lock boxes	8,425
Sharing messages to support distributing and making available proper medication storage boxes	10,360
Deterra® packets	3,566
DisposeRx	50
Prescription drug drop boxes (installation of boxes and/or promotion of current box locations)	6,269
Sharing messages with organizations, businesses, and community members to promote safe use and safe disposal of unwanted opioid medications	157,734
<b>Total</b>	<b>868,977</b>
Unduplicated Total	846,630

*\*Duplicated total number reached.*

In addition to reaching the general population, Prevention SOR 2.0 sub-grantees also reached several sub-populations as show in Table 3.

**Table 3. Total Number Reached by Population and Strategy Category**

Strategy Category and Populations Reached	Total Number Reached
Community Event	6,376
Business Community	204
General Population	1,964
People in Recovery; Children and Spouses of People in Recovery; Supporters of People in Recovery	4,208
Data and Needs Assessment	467,667
General Population	467,667
Education and Awareness	186,183

Strategy Category and Populations Reached	Total Number Reached
Adults; Children; Older Adults	202
Business Professionals	6
General Population	78,169
General Population; Businesses; Organizations; Law Enforcement; Health-Related Professionals; School Nurses; Teachers; Coroners; Patients	10,332
Organizations; Businesses	57
Pregnant and Post-Partum Women	97,400
Realtors; Nurses; Social Workers; Caregivers; College Students; Adults; Older Adults; Youth	1
Youth	5
Youth; Families	11
Proper Medication Storage	18,785
General Population	10,470
Youth	8,315
Safe Medication Disposal	167,619
General Population	167,369
Older Adults	250
<b>Grand Total</b>	<b>846,630</b>

Prevention SOR 2.0 sub-grantees have reported several successes. Highlights from six sub-grantees are provided below.

#### **Aiken Center for Alcohol and Other Drug Services**

More than 118 pounds of medication have been collected and properly destroyed since December 2020, and a total of 798 Deterra Drug Deactivation System<sup>®</sup> pouches have been distributed, which exceeds the targeted goal of 600.

#### **Beaufort County Alcohol and Drug Abuse Department**

The sub-grantee increased awareness of Narcan<sup>®</sup> with its largest community distribution event held April 10, 2021, with the assistance of a local recovery community organization. Changing the community mindset so that Narcan<sup>®</sup> can now be viewed as a first-aid tool and not seen as exchanging one drug for another.

#### **Fairfield Behavioral Health Services**

The sub-grantee identified three hotspots using Overdose Detection Mapping Application Program (ODMAP) data based on the frequent occurrences of naloxone reversals/deaths that occurred in 2020 and 2021 (Ridgeway, Mitford, and Winnsboro). Next steps will be to discuss with the Fairfield Overdose Response Team prevention activities/events for the three identified areas in the coming months.

### **Keystone Substance Abuse Services**

The sub-grantee used Prevention SOR 2.0 funds to purchase a pill counter for the Coroner's Office, allowing efficient disposal to reduce misuse among family members/friends of the deceased. This has enabled the counting of 900,000 collected pills.

The York County drug tracker has helped the sub-grantee identify trends and strategize prevention and response initiatives to reach vulnerable populations. A trend in young adults post-high school has been identified as this group has a high level of fatal overdosing. Due to this data trend, the prevention team has begun developing a senior year high school prevention reminder presentation for students and parents.

Additionally, the sub-grantee observed a trend in fatalities occurring at hotel/motels. In response, it is working to provide SOR bags (bags that contain an opioid/stimulant educational guide, one large Deterra<sup>®</sup> bag, Narcan<sup>®</sup> [upon request due to required training], and a York County resource wallet card containing national/local hotline numbers as well as local AA/NA/Al-Anon support group numbers) to hotels and motels.

The development of its Good Samaritan training (covering opioids/stimulants, addiction, stigma, overdose prevention, and response with Narcan<sup>®</sup>) received buy-in from the York County Sheriff to partner with Keystone to offer a co-training to agency's/businesses. This now allows Keystone prevention staff to reach a greater number of people with the help of their trained officer.

### **The Phoenix Center**

In early 2020, the sub-grantee and its ECHO Rx Greenville Coalition was able to secure through donation a 42-foot enclosed trailer to serve as a Mobile Substance Use Education Unit. Through the funding provided through Prevention SOR 2.0 effective December 1, 2020, the sub-grantee was able to purchase and stock the trailer with opioid educational materials and supplies to be used and distributed at various community events across Greenville County. The mobile unit will be used to promote medication takeback through the use of Deterra<sup>®</sup> Medication Disposal Buckets and to serve as a means of distributing proper medication storage lockboxes to individuals and families in attendance at various events. A press conference is scheduled for April 22 to reveal the mobile unit to the community, and it will be highlighted at the community takeback event on April 24, 2021.

### **The Courage Center**

The sub-grantee developed an opioid and stigma reduction campaign.

### **Westview Behavioral Health Services**

The sub-grantee provided lock bags to schools for the purpose of storing student medications on field trips and other school events that are held off campus.

### *Project ECHO (Extension for Community Healthcare Outcomes)*

Project ECHO Opioid/Stimulant Use Disorder (OUD/SUD) and Project ECHO Peer Recovery Support Specialists (PRSS) are tele-mentoring and educational platforms that enable specialists in their respective fields to partner with on-the-ground primary care/frontline clinicians and peer support specialists in underserved areas to deliver complex specialty care. ECHO is a disruptive model of health education and delivery, making the medical resources of academic medical centers and the knowledge of experts in specific fields available to improve treatment outcomes by increasing skills and confidence to deliver specialized care in local and rural communities.

During the past six months, the Project ECHO for Opioid Use Disorder (OUD) has continued to deliver tele-mentoring for providers. In addition to a case presentation from a member of the community, a didactic topic has been presented during every session. Over the past six months, didactic series have included “Psychosocial Interventions,” “Provision of High-Quality MAT,” and our current series on “Harm Reduction.”

In October 2020, MUSC received additional funding to initiate a Project ECHO for Peer Recovery Support Services. The Peer ECHO is co-led by Mike Malone, an NCPRSS from FAVOR Greenville, and Karen Hartwell, M.D., an addiction psychiatrist from the Medical University of South Carolina. Following a similar format, both a case presentation by a peer and a didactic presentation are included in every session. The first two didactic series included “Unique Challenges of Peers” and “Pathways of Recovery.” Between October 2020 and March 2021, the two ECHOs have held 17 sessions with a total of 658 participants, representing 33 counties and six states nationally. Additionally, ECHO hub members are seen as a valuable resource to the ECHO community. The hub members provide consultation on an as-needed basis both for individual cases and broader systems issues. Over the past six months, 15 consultations were provided.

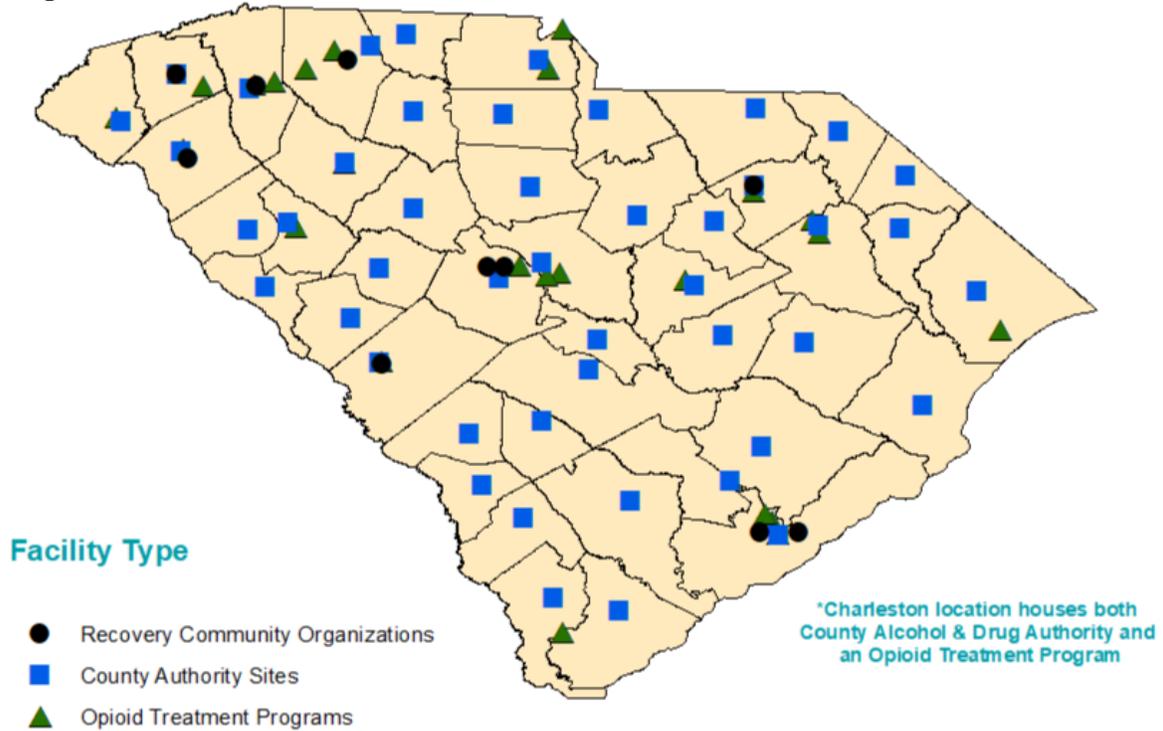
### *Treatment*

Treatment of individuals with opioid use disorder and, as noted in the new SOR grant, stimulant use disorder is a multi-faceted process that incorporates many partners and types of services. The SOR grant funding is being used to fund numerous types of treatment services as well as enhance access to those services, which can be different based on socio- and economic demographics as well as geographic location. A few projects not included in this report were discussed in the SOR NCE report (such as the nicotine replacement therapy and transportation-support programs).

Individuals with substance use disorders in rural communities often experience a greater sense of stigma, more isolation and hopelessness, lower education rates, and higher rates of chronic illness. Addressing these issues can be difficult for local providers. Funding from the SOR grant in South Carolina provides peer support services (including peer mentoring and coaching), connection with resources, facilitation of recovery groups, and building of a

safe community for members as well as access to treatment for individuals without insurance. The map in Figure 1 identifies many of the facilities involved in opioid and stimulant treatment across the state.

**Figure 1. County Authorities, Opioid Treatment Programs and Recovery Community Organizations Across South Carolina as of March 2021\***



\*Note: Multiple county authority sites also house recovery community organization facilities.

### *DAODAS – South Carolina Department of Corrections Vivitrol CPSS Project*

DAODAS has a memorandum of agreement with the S.C. Department of Corrections (SCDC) to provide funding and services to SCDC through the SOR grant. The funds were used by SCDC to provide treatment transition and coverage for opioid use disorder patients who were re-entering communities from criminal justice settings during the past grant cycle. Additionally, the project provided peer support services to assist with a seamless transition from the state prison system to the community. The project provided inmates with resources to support their recovery efforts (i.e., the use of Vivitrol® in combination with substance use counseling). Vivitrol® is the FDA-approved medication that blocks the effects of opioids on the brain and thereby reduces the chances of relapse to opioid dependency.

Seventy-one inmates have been referred to the program. Of these 71, 40 were admitted to the MAT Vivitrol® program and the remaining 31 inmates were linked with CPSS individual support sessions. Eight have received their first Vivitrol® shot and were referred to county alcohol and drug abuse authority sites upon release from SCDC. Of these eight, two have received their second Vivitrol® shot. Four were employed, and three were referred to Oxford

House to coordinate living arrangements. There are 48 CPSSs currently in SCDC conducting meetings and providing individual support sessions to peers in 12 institutions.

Through SOR funding, 89 inmates have been trained to become CPSSs so that they might facilitate recovery maintenance groups for inmates at various facilities. These sessions help model positive behaviors as well as defuse negative incidents. Due to the COVID-19 pandemic, DAODAS canceled in-person trainings for new CPSSs and pivoted to providing virtual trainings on Motivational Interviewing, ethics, and substance/alcohol use disorder education at various institutions to keep inmate CPSSs current on their certification and knowledge base. New trainings will resume during the second half of the year. During Year 1 of the SOR 2.0 grant, the Hazelden curriculum has been added to incorporate treatment strategies for stimulant use disorder.

### *Opioid Treatment Programs (OTPs)*

The SOR grant also provided funding to increase medication-assisted treatment (MAT) to 24 OTPs in 16 high-need counties across the state. All OTPs have continued to impact the opioid epidemic in South Carolina by improving access to treatment through the provision of financial assistance to indigent South Carolinians receiving methadone treatment.

OTPs are providing methadone to patients who have no other means to receive treatment. During the pandemic, OTPs responded to the unique needs brought about by the COVID-19 pandemic by providing additional naloxone to all at-risk patients. In the first six months of SOR 2.0, approximately 727 patients received methadone treatment across the state.

### *Medical University of South Carolina (MUSC) Telehealth Project*

Telehealth has become an important strategy to increase access to medications for opioid use disorders (MOUD) in underserved areas. This has been especially instrumental during the COVID-19 pandemic. With the changes in federal and state regulations, inductions have been conducted both via direct virtual face-to-face visits to the clinic and to the home utilizing the doxy.me platform. Telephone visits were held when virtual access was unavailable. One of advantages of telehealth is the ability to pivot for need. With the decline in need from Upstate agencies, as medical providers were brought onsite or were locally available, the Medical University of South Carolina (MUSC) was able to move resources and offer telehealth services to other high-need agencies in the Lowcountry. Dr. Allison Smith, an internist and addiction psychiatrist, is providing care for complex dually diagnosed patients meeting a critical need in the community.

A total of 218 individual patient encounters have occurred between October 2020 and March 2021. At the first agency to begin utilizing telehealth to support need in rural communities, the two telehealth clinics continue – one focused on new patients, induction, and stabilization and the other aimed at maintenance. MUSC addiction psychiatry fellows and a fourth-year psychiatry resident has been trained in the use of telehealth and MOUD in the clinics.

### *Development of Hospital-Based Addiction Services Project*

DAODAS designated up to \$600,000 of SOR grant funding (combined with other state funds) to award hospitals (or healthcare systems) for the planning and development (or expansion) of services to address substance use disorders, specifically for interventions focused on stimulant use disorders and medication-assisted treatment (MAT) for opioid use disorder (OUD) in hospital emergency departments, acute care inpatient units, and affiliated ambulatory practices. The aim of the programs is to reduce the consequences of opioid and stimulant misuse in South Carolina.

DAODAS successfully awarded (via an RFP application selection process) funds to three sub-grantees, with two being for program implementation and a third focusing on planning, with program implementation as the goal moving into Year 2. The start date for all three sub-grantees was March 1, 2021 (Both implementation grant awardees received a two-year grant, and the planning grant recipient received an option for a second year contingent on the move toward implementation in Year 2.)

Specific details regarding each of the three sub-grantees are provided below.

#### **Medical University of South Carolina (receiving a two-year \$225,000 implementation-focused grant)**

The Addiction PMC Team will implement a model for addressing substance use disorders (SUDs) in the inpatient setting by operationalizing an inpatient consultation service for patients with SUDs that includes a **Peer Recovery Specialist**, **MAT for Substance Use Disorder**, and a **Complex Care Case Manager** to assist with linkage to comprehensive outpatient care.

#### **Prisma Health Hospital System (receiving a two-year \$224,612 implementation-focused grant)**

Prisma Health will expand capacity at Richland Hospital and Greenville Memorial Hospital through an inpatient-based Addiction Consult Team (ACT), outpatient care coordination, and workforce development within affiliated service markets. The model promotes evidence-based recovery options for patients, including medication-assisted treatment and relationship-building between the healthcare system and community partners at FAVOR Greenville, Midlands Recovery Center, and LRADAC (the county alcohol and drug abuse authority serving Lexington and Richland counties).

This project will use standardized assessments to address addiction and co-morbid mental health disorders, and screen for potential infectious complications (e.g., HIV, HCV, HBV).

Workforce development activities include 12 months of continuing education programs for providers. Topics for the accredited programs will include pain management strategies, stigma reduction, motivational counseling, and appropriate prescription practices.

**Roper St. Francis Hospital (receiving a one-year \$25,000 planning-focused grant with option for a second year of implementation funding based on progress)**

A multidisciplinary planning team selected from the Roper St. Francis Opioid Reduction Task Force – to include pharmacy, emergency services, and physician partners – will examine our community’s opioid use disorder landscape, examine Roper St. Francis’ resources and ability to respond to the epidemic across the continuum of care and develop a plan for implementing medication-assisted treatment (MAT) as part of service delivery. This planning grant will focus on increasing the health system’s capacity for providing substance use disorder treatment, including MAT, and recovery services in inpatient, emergency departments, and outpatient settings.

*Heritage Health Solution Veterans Project*

DAODAS launched the Heritage CARES grant in cooperation with the S.C. Department of Veterans Affairs (VA) on November 1, 2020. The focus is identifying veterans with opioid use disorder and pairing them with a peer support specialist for coaching if they are interested in the six-month program.

Two statewide veteran service organizations (VSOs) were originally approached for inclusion in the project, at the suggestion of the state’s VA Secretary, to help recruit veterans: Upstate Warrior Solutions and Vantage Point. In mid-December, seven colleges/universities/community colleges across the state were introduced to the project via each institution’s military student liaison.

Table 4 provides information on indicators captured from the first half of the grant year regarding program utilization in the sites.

**Table 4. Veterans Project Six-Month Summary Data**

Date	Assessments Taken	High Suicide Risk	High Alcohol Use Risk	High Substance Use Risk	Referred to a Peer Coach	Opioid Use Identified
11/1-11/30/20	35	0	1	2	10	1
12/1-12/31/20	12	0	2	2	8	0
1/1-1/30/21	35	0	4	2	11	2
2/1-2/28/21	41	2	2	2	13	1
3/1-3/31/21	42	1	3	3	8	4
Total	165	3	12	11	50	8

Many of the individuals who were assessed and identified as high risk for a substance (general or specific) have been referred to peer coaches and are receiving support. Nearly one in 10 has shared a significant risk for suicide and been given lifesaving help via the program’s suicide protocol. Also, testimonials highlighting the benefits veterans have seen from having been in the program, specifically regarding the recovery coaches, are being collected and will be shared to garner further attention and patronage for the project from veterans.

#### *Treatment Provider Training Initiatives*

DAODAS and its partners provide various types of trainings through use of SOR funding to ensure the implementation and enhancement of evidence-based practices. The SC Cognitive Behavioral Therapy (CBT) Training Initiative (sponsored by Southeastern Addiction Technology Transfer Center and DAODAS) is one such training effort.

The goal of the SC CBT Training Initiative is to develop a sustainable cycle of skills development for the state in knowledge, skills, and implementation of this evidence-based practice. This is being achieved through a five-step process including Initial Training, Skill Building, Clinical Supervision, Booster Sessions, and Training of Trainers. The initial training for CBT is four hours of training delivered in two two-hour sessions that present the fundamental concepts and content of CBT.

The skill-building portion of the training initiative consists of two parts. The goal of this portion is to provide the participants with technical skills and the opportunity to practice them. There are four hours of content presentation delivered in two two-hour sessions on techniques in order to acquaint participants with the *general* skills utilized in CBT.

The second part of the skill-building phase of the training consists of eight two-hour sessions in which the participants practice skills, ask questions, and receive feedback on the skills that they are utilizing in their practice.

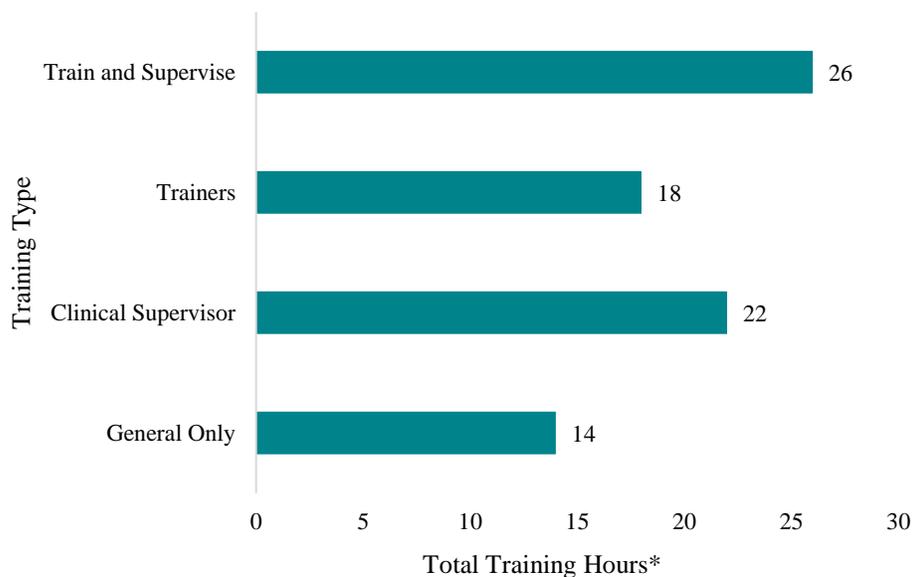
Effective clinical supervision is crucial for adherence to any evidence-based practice over time. The goal of the *clinical supervision* portion of the implementation plan is to provide ongoing support in order to avoid “drifting away” from utilizing evidence-based practice over time and to provide consistent feedback to participants on a more consistent and ongoing basis. This training consists of four two-hour trainings provided over six months and is available to clinical supervisors.

Even well-established, effective clinical practices are prone to get off-course over time. The goal of the booster sessions is to serve as an anchor point for clinical gains achieved in the prior sessions and to further build on them. The *trainer* booster trainings consist of two two-hour booster sessions.

Due to ongoing attrition in the work forces, frequent scheduling of trainings is needed to sustain gains across a wider system. The goal of the *train and supervise* portion is to cultivate individuals capable of providing training to new hires and reviews for established staff within their agencies and regions. Participation in the initial training, skill-building, and booster sessions will serve as a prerequisite for being a trainer of trainers to help ensure that mastery of the content has been achieved. This training consists of two two-hour sessions.

A breakdown of the number of total training hours is provided in Table 5.

**Table 5. Total Training Hours Completed by Training Type**



\**Clinical Supervisor, Trainers, and Train and Supervise* initiatives all go through general training as well.

Additionally, DAODAS offered all providers a two-part technical assistance session focusing on Contingency Management (CM). County authorities and opioid treatment programs are required to complete the self-paced *CM for Healthcare Settings* developed by the Northwest Addiction Technology Transfer Center (ATTC).

This online series features separate modules for three personnel roles in healthcare organizations: decision-makers, clinical supervisors, and direct staff. Those completing the modules online had the following continuing education units available: Decision Makers – 1.0, Clinical Supervisors – 2.5, and Direct Staff – 2.0.

Following the completion of the modules, each participant was able to receive support and guidance via the Southeast ATTC. In October 2020, the CM sessions had 42 participants from a wide range of levels and from across the state. Of the 42 individuals, one-third were Decision Makers, one-third were Clinical Supervisors, and the remaining one-third were Direct Staff. Since that training/technical assistance opportunity, three SOR providers across the state have incorporated CM into their treatment settings.

DAODAS continues to encourage all SOR partners to consider the benefits of incorporating CM into their treatment services. Technical assistance and support are available to all sites throughout the course of the grant year. DAODAS looks forward to sharing the impact of CM integration in its year-end report.

### *DAODAS – Ryan White Program Collaborative HIV Project*

To expand HIV/HCV testing and linkage to care in the recovery community beyond the one original recovery community organization (RCO) site (FAVOR Greenville in Greenville County), DAODAS solicited applications via an RFP process to fund up to three single-year RCO sub-awards focusing on counties with high prevalence levels of HIV and hepatitis C virus (HCV). The purpose of the sub-awards is to support implementation of rapid HIV and HCV counseling, testing, and referral-to-care services within the awarded jurisdictional recovery communities.

DAODAS successfully awarded three sites (with partnering AIDS service organizations [ASOs] in each county) with one-time funds that may be renewed for a second year. Those organizations are:

- *WakeUp Carolina* in Charleston County (partnered with Palmetto Community Care);
- *FAVOR Grand Strand* in Horry County (partnered with Care Team Plus); and
- *Midlands Recovery Center* in Lexington County (partnered with Palmetto AIDS Life Support Services).

All three sites will begin the implementation process of their programs in the second half of the year.

## *Government Performance and Results Act (GPRA) Interview Data Collection*

GPRA interview data collection for the new SOR grant started in March 2021 and now includes data collection focused on stimulants as per the new requirements in the grant. DAODAS is continuously providing technical assistance to local providers and is looking to increase speed and efficiency on the part of the local providers by further integrating GPRA interview data collection into regular workflow processes. Achieving this while still preserving the integrity of the data collected is of vital importance to DAODAS and all partners involved.

## *Recovery*

To treat addiction properly and in a holistic manner, access to recovery services is critical to successful long-term independence from opioids and stimulants. Funding from the SOR grant helps support recovery services across the state, including having Certified Peer Support Specialists (CPSSs) embedded in all 32 county authority sites and multiple hospital sites, which is especially important in rural locations where specialty resources tend to be scarce. CPSSs can be vitally important in helping individuals transition into long-term recovery as they themselves have lived experience in recovery and are trained to work with patients who are currently receiving treatment for an opioid use disorder. The CPSSs also serve as a resource and support system for those patients.

As will be discussed in this section, DAODAS has allocated SOR funds in various means to enhance recovery efforts in the state.

## *Recovery Community Organizations*

In January 2021, DAODAS continued to expand the capacity of recovery community organizations (RCOs). A combined total of eight sub-grants were awarded to new, emerging, and existing RCOs in the state. Three of the new awards were given to existing county alcohol and drug abuse authorities that were starting independent, stand-alone RCO programs. These three new RCO awardees are Aiken Center for Alcohol and Other Drug Services, Rubicon Family Counseling (Darlington County), and Behavioral Health Services of Pickens County. During this reporting period, the RCOs served 3,307 unique participants through individual peer coaching sessions, peer support groups, and self-help groups (including SMART Recovery and All Recovery meetings).

In total, the RCOs engaged 17,359 recovery support service encounters during this reporting period. The Recovery Training Academies operated by three established RCOs (FAVOR Piedmont, FAVOR Greenville, and Midlands Recovery Center) continued to provide best practice trainings for the peer support curriculum and the community at large. During this reporting period, at least 56 individuals were trained and gained certification as a Peer Support Specialist. Currently, two RCOs (Midlands Recovery Center and FAVOR

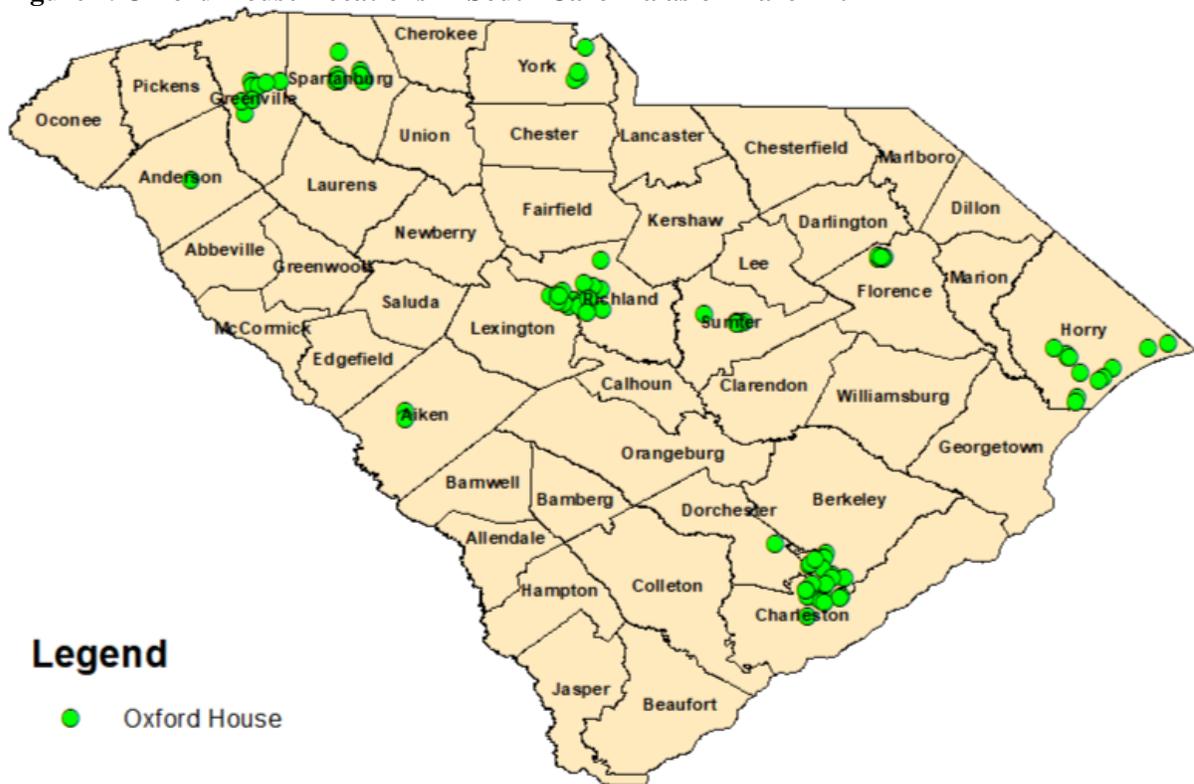
Greenville) are engaged in emergency room and hospital settings with Prisma Upstate, connecting eligible participants with recovery support services in the community.

### *Oxford House Project*

DAODAS continues to fund the Oxford House expansion project. This grant increases capacity in areas identified as having significant housing gaps for individuals in recovery. During the previous reporting period, there were a total of 85 houses. During this reporting period, the project has reported an 8.5% increase to 95 houses with a total of 681 beds throughout the state. All of the houses are currently medication-assisted treatment capable. As of the closing date of this report, the programs were operating at 90% occupancy with 69 vacancies. There are three new residences pending, which will add 23 additional beds in the state.

Figure 2 displays the locations of the Oxford Houses in South Carolina that have been established as of the mid-point of Year 1 of the grant.

**Figure 2. Oxford House Locations in South Carolina as of March 2021**



Oxford House works with the S.C. Vocational Rehabilitation Department (VR) to ensure that all residents are eligible to receive assistance; however, the number of participants actually engaged in VR services is not being tracked. The housing coordinator has agreed to make this data a deliverable item moving forward.

### *Peer Support in Rural Counties*

DAODAS has continued to fund peer support specialists in 11 rural counties. The Certified Peer Support Specialists (CPSS) help provide vital recovery support service such as peer mentoring and coaching to individuals seeking to engage in and maintain long-term recovery. Collectively the rural providers reported serving 342 clients during this reporting period. The overall number of individuals served are listed below by county, but volume was impacted by the pandemic.

**Table 6. Number of Clients Served**

County	# Served
Chester*	0
Darlington	18
Dillon	14
Dorchester	53
Florence	26
Kershaw	2
Lancaster	51
Laurens	5
Pickens	35
Union	44
Williamsburg	94
<b>Total</b>	<b>342</b>

\*Chester County lost its PSS due to COVID-19 and is currently seeking candidates.

### *Peer Support in County Authority Sites*

During this reporting period, DAODAS continued to fund peer support specialists (PSSs) in the county alcohol and drug abuse authority sites throughout the state. Certified Peer Support Specialists employed by county authorities engaged with a total of **2,128** unique individuals. The access to peer support services was impacted by the pandemic; however, the peer support teams were still able to engage a significant number of citizens during these difficult times. Some encounters were face to face using CDC guidelines, and some encounters occurred via telephone and video assistance.

DAODAS continued its commitment to strengthening peer support services in the state by hosting its first quarterly “Statewide Peer Support Network Forum” in February 2021. The forum was designed to connect PSSs across the regions of the state to form a collegial learning environment. The event hosted 36 participants from various counties across the state.

### *Expansion of Peer Support and Recovery Coaching to Faith-Based Settings*

DAODAS is executing a contract with Hold Out the Lifeline: A Mission to Families (HOTL). This 501(c)(3) non-profit organization uses a cross-section of contractual experts with more than 45 years of combined public health and health administration experience to promote health education, health awareness, and health advocacy to advance its mission of enabling its partners, faith-based organizations, and communities to address the holistic health of families in South Carolina. HOTL understands the need for focused activities at the community level to aid in decreasing the rising number of overdose and opioid related deaths in South Carolina and the country. HOTL has done significant work with faith-based organizations (FBOs) across the state, as well as establishing statewide partners within the faith community. For messaging alone, HOTL reported that it has access to more than 900 FBOs representing approximately 90,000 individuals who receive monthly health education bulletins that they can then share with their family and friends. For the purpose of this contract, HOTL will facilitate conversations on opioid/stimulant awareness designed to promote understanding of the signs and symptoms of opioid use disorder and stimulant use disorder, targeting capacity around prevention and partnering with local recovery resources.

#### **6. Description of barriers and how you have addressed them. Include any barriers still left to address.**

##### *Prevention and Education*

Due to COVID-19, county alcohol and drug abuse authorities, as well as state agencies, are continuing to have to adapt information dissemination activities to reach citizens with the information from the “Just Plain Killers” campaign and the upcoming “Embrace Recovery SC” campaign. Additional resources have been developed to encourage promotion of the campaign messages and materials through social media networks, drive-through health fair events, and virtual gatherings on platforms such as Zoom, Facebook Live, etc.

The COVID-19 pandemic has also created barriers for sub-grantees. Several Prevention SOR 2.0 sub-grantees had planned to implement evidence-based curricula, since the grant has a focus on evidence-based education. However, due to limited ability to meet in person with groups, most have not been able to maintain implementation plans related to curricula.

Another identified challenge is the duration of the project. The project was effective December 1, 2020, and ends on September 17, 2021. Given the amount of time needed to build capacity and execute implementation plans, some sub-grantees will have approximately four to six months to implement strategies. Achieving population-level outcomes can be a challenge over a short duration of time.

## *Treatment*

Regarding the Veterans Project, challenges included a slower than anticipated initial launch by the veterans service organizations (VSOs). This was due in large part to a significant decrease in veteran contact due to COVID-19 related protocols that hampered in-person recruitment of veterans into the program. In addition, the end-of-year holidays played a big role, as both VSOs noted that recruiting efforts during the holidays were historically unsuccessful and waited until the beginning of the new calendar year to start recruitment in earnest. College recruitment was also difficult due to decreased student populations on campus and COVID-19 concerns.

To address those specific challenges, coordination and implementation meetings with all recruiters have been increased. DAODAS also created an incentive program to engage more veterans directly (i.e., gift cards awarded to random participants in the program). Heritage Healthcare also has engaged in an incentives program directly with the recruiters to increase motivation. We have contacted the state's largest VSOs – the American Legion and the Veterans of Foreign Wars – to help in efforts to recruit veterans. We will be speaking directly to each county's Veterans Affairs (VA) office for a more active approach. We have contacted both the Charleston and Columbia VAs to enlist their support in recruiting veterans as well. We believe these efforts will help the initiative progress past some of the challenges discussed.

One of South Carolina's greatest challenges continues to be the stigma surrounding medication-assisted treatment (MAT) services. Stigma related to methadone services is divisive and profound, even among long-time providers of substance use disorder services. Lawmakers, recovery communities, treatment providers, and health professionals have not been open to this evidence-based treatment in the past, but DAODAS continues to work to educate these individuals and groups using ASAM and SAMHSA material, testimony, and a public education campaign. DAODAS has purposefully convened opioid treatment program leaders with other addictions treatment leaders in efforts to make local connections for patient coordination and to de-stigmatize methadone services. That being said, for the major barrier that the COVID-19 pandemic has been, it has provided an opportunity for community partners to work together to distribute naloxone kits as part of care packages (pairing them with other basic essentials such as food). These collaborative efforts have allowed for more communication to occur than in the past, and open channels of communication are a critical step in trying to end any stigma that might persist.

Another continuing challenge has been the balance between building capacity to treat patients and paying for treatment services, particularly due to limited resources, and the ability for interaction with patients in person due to the pandemic coupled with the transition from one grant cycle to the next. Rural areas are particularly affected due to limited transportation and internet availability in their areas to access treatment services. However, the uninsured population is and will continue to be DAODAS' priority, as access to the spectrum of services we provide is paramount to substantially decreasing the negative effect of opioids and stimulants on vulnerable populations.

## Recovery

The main challenge during this reporting period was the impact of service delivery during the COVID-19 pandemic. Some providers were able to continue services with necessary adjustments, while others were impacted significantly. The months of January and February have shown promise in terms of increasing the number individuals receiving recovery support services.

During this reporting period, DAODAS has been working with the newly formed Recovery Coalition to deal with a number of barriers. This work group is composed of members of recovery community organizations (RCOs) and the recovery residence community, as well as other stakeholders and recovery advocates. The coalition has developed a three-year strategic plan to help advocate and promote recovery services throughout the state of South Carolina using a unified message. Proposed components of the strategic plan include recovery-oriented trainings focused on opioids, the integration of medication-assisted treatment in recovery residences, anti-stigma trainings, and advocacy at the community and legislative levels. A key goal for the next reporting period is to see a more collaborative effort between the RCOs, local service providers, and faith-based recovery organizations. DAODAS has made significant movement toward a more collaborative effort by awarding funds to county authorities to help fledgling RCO services.

Overall, as the COVID-19 pandemic continues to cause challenges, DAODAS and its local partners will continue to work on adjusting to current circumstances to provide the highest level of available care to South Carolinians across the spectrum of substance use-related services.

**7. There are caps on Administrative, Data Collection & Reporting costs. Please provide the information requested below to help document that caps are being monitored to ensure compliance with the funding restrictions identified in the Funding Opportunity Announcement (FOA):**

- a. **Indirect/Administrative & Infrastructures Development** - Please confirm the amount of grant award funds that have been spent on administrative and infrastructure development costs during the reporting period. Note: No more than 5% of the total grant award may be used for administrative and infrastructure development costs.

**Answer: The amount spent during the request period on Administrative Costs is \$314,608.99, which will not exceed 5% of the total grant award.**

- b. **Data Collection & Reporting** - Please confirm the amount of grant award funds spent on data collection and reporting during the reporting period. Note: Up to 2% of the total grant award may be used for data collection and reporting. (This is in addition to the 5% administrative cost which may also include data collection.)

**Answer: The amount spent during the request period on Data Collection & Reporting was \$413.12.**